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Bib Data Sheet

CONFIRMATION NO. 5008

SERIAL NUMBER 10/024,261	FILING DATE 12/21/2001 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 06530.0144
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APPLICANTS

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** CONTINUING DATA *****

> None

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials JJ		

ADDRESS

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TITLE

Stents, stenting systems, and related methods for agent delivery

FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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